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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Patriot Voices PAC 315 Foxtail Lane ADDRESS (number and street) (Check if address is changed) Spring City 19475 PA CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nadine@patriotvoices.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.patriotvoicespac.com (Check if address is changed) DATE 2012 C00528307 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Nadine Maenza Type or Print Name of Treasurer Nadine Maenza [Electronically Filed] 09 26 2012 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

	FFC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i aye Z
Can	ndidate	Committee:	
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	nplete the candidate
Nam Cand	e of didate		
	didate / Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(5)
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a
		Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Func	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.		
	3.	FEC ID number	
	4.		

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Write or Type Committee N		<u> </u>
Patriot Voices	S PAC	
	ed Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
Nadin Full Name	e Maenza	
Mailing Address	315 Foxtail Lane	
•		
	Spring City PA	19475
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	610 948 - 4111
. Treasurer: List the name any designated agent (e.	e and address (phone number optional) of the treasurer of the committ g., assistant treasurer).	ee; and the name and address of
Full Name Nadine of Treasurer	e Maenza	
Mailing Address	315 Foxtail Lane	
	Spring City PA	19475
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	610 948 4111

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Full Name of Designated	Theodore V Koch	
Agent		
Mailing Address	901 N Washington Street	
	Suite 700	
	Alexandria VA 22314	4
	CITY STATE	ZIP CODE
Title or Position Assistant Treas	surer Telephone number 703 -	299 _ - 8570
		-14
	r Depositories: List all banks or other depositories in which the committee deposits funds, ho oxes or maintains funds.	olds accounts, rents
	oxes or maintains funds.	olds accounts, rents
safety deposit be	oxes or maintains funds.	oids accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. PNC Bank 825 N Washington Street	olds accounts, rents
safety deposit be	oxes or maintains funds. Depository, etc. PNC Bank 825 N Washington Street	olds accounts, rents
safety deposit b Name of Bank,	oxes or maintains funds. Depository, etc. PNC Bank 825 N Washington Street	
safety deposit be Name of Bank,	Depository, etc. PNC Bank 825 N Washington Street Alexandria VA 22312	1 1 1
safety deposit be Name of Bank, Mailing Address	Depository, etc. PNC Bank 825 N Washington Street Alexandria CITY STATE	
safety deposit be Name of Bank,	Depository, etc. PNC Bank 825 N Washington Street Alexandria CITY STATE Depository, etc.	1 1 1
safety deposit be Name of Bank, Mailing Address	Depository, etc. PNC Bank 825 N Washington Street Alexandria CITY STATE	1 1 1
safety deposit be Name of Bank, Mailing Address	Depository, etc. PNC Bank 825 N Washington Street Alexandria CITY STATE Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	1 1 1
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. PNC Bank 825 N Washington Street Alexandria CITY STATE Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	1 1 1
safety deposit be Name of Bank, Mailing Address Name of Bank,	Depository, etc. PNC Bank 825 N Washington Street Alexandria CITY STATE Depository, etc. Chain Bridge Bank 1445-A Laughlin Avenue	ZIP CODE